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PTO/SB/21 (05-03)

Approved for use through 04/30/2003. OMB 0651-0031

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application Number	10/826,472																														
		Filing Date	April 16, 2004																														
		First Named Inventor	MONJE, MICHELLE L.																														
		Group Art Unit	1636																														
		Examiner Name	Unassigned																														
Total Number of Pages in This Submission		Attorney Docket Number	STAN-303																														
ENCLOSURES (check all that apply)																																	
<table border="1"><tr><td><input type="checkbox"/> Fee Transmittal Form</td><td><input type="checkbox"/> Assignment Papers (for an Application)</td><td><input type="checkbox"/> After Allowance Communication to Group</td></tr><tr><td><input type="checkbox"/> Fee Attached</td><td><input type="checkbox"/> Drawing(s)</td><td><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences</td></tr><tr><td><input checked="" type="checkbox"/> Supplemental Information Disclosure Statement</td><td><input type="checkbox"/> Licensing-related Papers</td><td><input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)</td></tr><tr><td><input checked="" type="checkbox"/> USPTO Form 2038</td><td><input type="checkbox"/> Petition</td><td><input type="checkbox"/> Proprietary Information</td></tr><tr><td><input checked="" type="checkbox"/> 3 cited references</td><td><input type="checkbox"/> Petition to Convert to a Provisional Application</td><td><input type="checkbox"/> Status Letter</td></tr><tr><td><input type="checkbox"/> Extension of Time Request</td><td><input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address</td><td><input checked="" type="checkbox"/> Return postcard</td></tr><tr><td><input type="checkbox"/> Express Abandonment Request</td><td><input type="checkbox"/> Terminal Disclaimer</td><td></td></tr><tr><td><input type="checkbox"/> Certified Copy of Priority Documents</td><td><input type="checkbox"/> Request for Refund</td><td></td></tr><tr><td><input type="checkbox"/> Response to Missing Parts/Incomplete Application</td><td><input type="checkbox"/> CD, Number of CD(s)</td><td></td></tr><tr><td><input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53</td><td>Remarks</td><td></td></tr></table>				<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group	<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences	<input checked="" type="checkbox"/> Supplemental Information Disclosure Statement	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)	<input checked="" type="checkbox"/> USPTO Form 2038	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information	<input checked="" type="checkbox"/> 3 cited references	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter	<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Return postcard	<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer		<input type="checkbox"/> Certified Copy of Priority Documents	<input type="checkbox"/> Request for Refund		<input type="checkbox"/> Response to Missing Parts/Incomplete Application	<input type="checkbox"/> CD, Number of CD(s)		<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	Remarks	
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT																																	
Signing Attorney/Agent (Reg. No.)	DAVID C. SCHERER, 56,993 on behalf of PAMELA J. SHERWOOD, 36,677 BOZICEVIC, FIELD & FRANCIS, LLP																																
Signature																																	
Date	August 8, 2006																																

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This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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**SUPPLEMENTAL
INFORMATION
DISCLOSURE STATEMENT
UNDER 37 C.F.R. §1.97**

Address to:
Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Attorney Docket	STAN-303
First Named Inventor	MONJE, MICHELLE L.
Application Number	10/826,472
Confirmation No.	1490
Filing Date	April 16, 2004
Group Art Unit	1636
Examiner Name	Unassigned

Title: "PREVENTION OF DEFICITS IN NEUROGENESIS
WITH ANTI-INFLAMMATORY AGENTS"

Sir:

Applicants hereby submit a Supplemental Information Disclosure Statement along with attached form(s) PTO/SB/08. A copy of each listed publication is being submitted herewith, along with a concise explanation of information in a foreign language, if any, pursuant to 37 C.F.R. §1.97-1.98.

Applicants respectfully request that the listed information be considered by the Examiner and be made of record in the above-identified application. Applicants further request that the Examiner initial and return the attached form(s) PTO/SB/08 in accordance with MPEP §609.

Applicants reserve the right to establish the patentability of the claimed invention over any of the information provided herewith, and/or to prove that this information may not be prior art, and/or to prove that this information may not be enabling for the teachings purportedly offered.

This statement is not intended to represent that a search has been made or that the information cited in the statement is, or is considered to be, prior art or material to patentability as defined in §1.56.

☒ This statement qualifies under 37 C.F.R. §1.97, subsection (b) because:

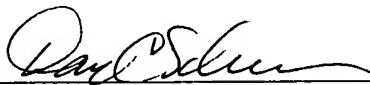
- ☐ (1) It is being filed within 3 months of the application filing date and is other than a continued prosecution application under § 1.53(d)
-- OR --
- ☐ (2) It is being filed within 3 months of entry of a national stage
-- OR --
- ☒ (3) It is being filed before the mail date of the first Office Action on the merits
-- OR --

- ☐ (4) It is being filed before the mailing of a first Office Action after the filing of a request for continued examination under § 1.114.
- ☒ Copies of each of the references listed on the attached Form PTO/SB/08 are enclosed herewith.
- ☒ There are no listed references which are not in the English language.

The Commissioner is hereby authorized to charge any underpayment of fees associated with this communication, including any necessary fees for extensions of time, or credit any overpayment to Deposit Account No. 50-0815, order number STAN-303.

Respectfully submitted,
BOZICEVIC, FIELD & FRANCIS LLP

Date: August 8, 2006

By: 
David C. Scherer, Reg. No. 56,993
on behalf of Pamela J. Sherwood, Reg. No. 36,677

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PTO/SB/08B (08-03)

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Substitute for form 1449/PTO SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT BY APPLICANT (Use as many sheets as necessary)				Complete if Known	
				Application Number	10/826,472
				Filing Date	April 16, 2004
				First Named Inventor	MONJE, MICHELLE L.
				Art Unit	1636
				Examiner Name	Unassigned
Sheet	1	of	1	Attorney Docket Number	STAN-303
NON PATENT LITERATURE DOCUMENTS					
Examiner Initials*	Cite No. ¹	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.			T ²
		HOEHM, B.D., et al., "Neurogenesis in rats after focal cerebral ischemia is enhanced by indomethacin," (2005) <i>Stroke</i> , 36:2718-2724			
		MONJE, M.L., et al., "Inflammatory blockade restores adult hippocampal neurogenesis," (2003) <i>Science</i> , 302:1760-1765			
		SASAKI, T., et al., "Implication of cyclooxygenase-2 on enhanced proliferation of neural progenitor cells in the adult mouse hippocampus after ischemia," (2003) <i>Journal of Neuroscience Research</i> , 72:461-471			
Examiner signature				Date Considered	

*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

¹Applicant's unique citation designation number (optional). ²Applicant is to place a check mark here if English language Translation is attached.

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